

Foster Family Home - Corrective Action Report

Provider ID: 1-510976

Home Name: Teresita Pagtama, CNA

Review ID: 1-510976-4

94-468 Alapine Street

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 2/6/2018

End Date: 2/29/2018

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home visit made for a 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 3/06/2018.

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1) and 7.1.(a)(2) Finger printing, Adult Protective Services, and Child Abuse Neglect checks not present for HHM #2.

Foster Family Home

Information Confidentiality

[17-1454-13.1]

13.1.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

13.1.(b)(5) Documentation to provide training of confidentiality policies and procedures not present in the home for HHM#1 and HHM#2.

Foster Family Home


Personnel and Staffing

[17-1454-41]

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

Comments:

41.(f) TB Clearance not present in the home for HHM#2.


Compliance Manager


Primary Care Giver

2/14/2018
Date

02/14/2018
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Teresita B. Pagtama
CCFFH Address: 94-468 Alapine Street
Waipahu, Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1 (2)(1) 7.1 (2)(2)	Finger Printing Adult Protective Services and child Abuse Completed for HHM #2.	2/14/2018	Home understands need to have a background check all HHM adult and document kept in home binder.
13.1 (b)(5)	HHM #1 was trained on confidentiality po- licies and procedures.	02/20/18	In the future all new HHM will receive this training within 10 days of being added to the home.
13.1 (b)(5)	HHM #2 was trained on confidentiality po- licies and procedures.	02/20/18	
41.F.1	TB Clearance was done for HHM #2	02/17/18	Home will use calendar on Iphone to put the due date to prevent any future remissing TB clearance & will check my phone reminder every month.

Primary Caregiver's Signature: T. Pagtama

Print Name: TERESITA PAGTAMA

Date of Signature: 02/22/2018